

## Appendix B

### Task Identification Process (TIP) List

#### Services or Installation of Goods (Prepared by the Subcontractor)

**Subcontract Title** \_\_\_\_\_

**Subcontracting Firm** \_\_\_\_\_ **Subcontract No.** \_\_\_\_\_

Based on the subcontracted service, the hazards at the work location, and the actions taken to mitigate the hazards, the Responsible Individual in consultation with the an ES&H specialist (ES&H Team or designee) shall determine whether a subcontractor or vendor is required to complete a TIP List to verify that the subcontractor's safety procedures conform to LLNL ES&H requirements. This list does not include every Environment, Safety, and Health- (ES&H-) related concern at LLNL; instead, it is intended to highlight major concerns common to most on-site service activities.

#### **Fire Protection**

Will the job involve welding, soldering, or torch cutting? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will flammable/combustible liquids be used or stored? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will temporary heating devices be used? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will water and/or fire extinguishers be provided on the job site? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples include any work involving solvents, fuels, soldering, torch cutting, or heating devices; e.g., gasoline and diesel fuel delivery services, high-voltage cable splicing services, elevator repair services, flooring services, cafeteria hood cleaning and fire suppression service, and water pipe repair services.)

#### **Electrical Safety**

Will lockout and tagout be required? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will work be performed on or near energized equipment, lines, or circuits? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Note: If yes, no work may be performed until reviewed and approved by LLNL/Hazards Control Department.

If yes, describe:

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(Examples of this work include industrial shredder maintenance, power machinery repair services, elevator repair, overhead bridge crane maintenance/repair services, cathodic protection services, hydraulic test systems repair/service, and air compressor rebuilding services.)

#### **Overhead Power Lines and Hidden Utilities**

Will hazards associated with overhead power lines (e.g., will clearance) be an issue? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will potential underground or hidden utilities need to be located on the job site? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, how will this be accomplished and who will do it (e.g., LLNL, subcontractor, other)?

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[Examples of this work include tree pruning services, tree removal/relocation/replacement, underground utility identification services, concrete sawing and removal services, drill rig operations (e.g., soil characterization services, water well drilling, geotechnical investigation), and wall drilling.]

### **Electrical Power Transmission and Distribution**

Will there be repair or maintenance of transmission and distribution lines and equipment? Yes \_\_\_ No \_\_\_ N/A \_\_\_

What methods will the subcontractor use to prevent accidental contact with energized lines or equipment?

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Will workers be using nonconductive tools? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include high-voltage cable splicing services, telecommunications upgrade services, and elevator repair services.)

### **Powder-Actuated Tools**

Will powder-actuated tools be used? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are operators trained and qualified? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include awning/canopy installation, tent installation, and furniture/fixture installation.)

### **Fall Protection**

Will workers be exposed to a potential fall in excess of 6 feet? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe how workers will be protected:

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(Examples of this work include tree pruning, window and ledge cleaning, window replacement, high-voltage cable splicing services, overhead bridge crane maintenance/repair services, roll-up door replacement, tent installation, awning/canopy installation, overhead air exchange installation, construction inspection and testing services.)

### **Scaffolding and Ladders**

Will scaffolding or ladders be used and approved worker access be provided? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will scaffolding or ladders be exposed to wet or slippery conditions? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will scaffolding or ladders need to be secured to the building? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the subcontractor have a designated supervisor for the work? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include window cleaning, tree pruning, window replacement, roll-up door replacement, tent installation, and awning/canopy installation.)

**Demolition and Salvage**

Does the subcontractor have a demolition/salvage plan? Yes \_\_\_ No \_\_\_ N/A \_\_\_

How will passersby be protected from potential hazards?

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How will materials be lowered?

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Have the demolition materials been evaluated for reuse or recycling?

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**Cranes, Forklifts, and Manlifts**

Will cranes, forklifts, manlifts, or other lifting equipment be used? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has lifting and rigging equipment been inspected and certified as required? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the subcontractor have a designated competent operator? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will lifting attachments be used in conjunction with forklifts that are approved for use by the forklift manufacturer? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include heavy or oversized goods delivery, tree pruning, overhead bridge crane maintenance/repair, high-voltage cable splicing, and roll-up door replacement.)

**Motor Vehicles and Heavy Equipment**

Will the subcontractor be using motor vehicles or heavy equipment onsite? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will all operators have valid state driver's licenses? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will vehicles, including safety features (e.g., rollover protection), be inspected? Yes \_\_\_ No \_\_\_ N/A \_\_\_

[Examples of this work include delivery of goods, personnel transportation services, trailer relocation services, oil/water pumpout and recycling services, asphalt grinding and asphalt sealing services, portable toilet services, weed/brush abatement and mowing services, landscape hydroseed services, drill rig operations (e.g., soil characterization services, water well drilling), tree stump grinding, concrete sawing and removal, and scrap iron removal services.]

**Ergonomics**

Will potential ergonomic injuries be controlled? Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Confined Spaces**

Will work be performed in vaults, manholes, trenches, or tanks more than 4 feet deep? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Does the subcontractor have a written confined space work program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will work involving welding, torch cutting, brazing, grit blasting, or any machinery be performed in or near confined spaces? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will painting, application of other coatings, or use of chemicals, solvents, combustibles, or similar hazardous materials be performed in confined spaces? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work are many and varied; any service that could involve working in vaults, pits, or tanks; e.g., cathodic protection services, high-voltage cable splicing services, telecommunications upgrades, construction inspection and testing services, water/fuel storage tank clean-out services, and utility corrosion inspection services.)

### **Respiratory Protection**

Will the job involve materials or processes requiring respiratory protection? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the subcontractor have a written respiratory protection program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

[See sections on Confined Spaces, Chemicals, Asbestos, Lead, and Silica Dust (OSHA considers dust masks respirators).]

### **Personal Protective Equipment**

Will the subcontractor provide workers with appropriate personal protective clothing and equipment (e.g., leather gloves, hard hats, eye protection, face protection, safety shoes, hearing protection, or chemical gloves or clothing)? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Does the subcontractor have a written personal protective equipment program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include most industrial-type services or installations.)

### **Asbestos-Containing Materials**

Is there a possibility that asbestos containing materials (ACM) will be encountered? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Does the subcontractor have an asbestos work program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has the local air district been notified of asbestos work per their requirements (as applicable.)? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include disturbance or penetrations of flooring, walls, ceiling tiles, pipe lagging, transite siding, particularly in older facilities; e.g., furniture/fixture installation, carpeting/flooring services, and boiler repair/tune-up services.)

**Lead-Containing Materials**

Is there a possibility that lead-containing materials will be encountered? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Does the subcontractor have a lead work program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include disturbance of lead-based paint, particularly in older facilities. Lead is also present in certain electrical circuitry and metal alloys; e.g., overhead bridge crane maintenance/repair, high-voltage cable splicing services, boiler repair/tune-up services, fixture installation services, and chiller maintenance/repair services.)

**Chemicals, Solvents, Fumes, Vapors, and Dusts** (OSHA PELs and ACGIH TLVs apply)

Will work involve chemicals, solvents, painting, welding, torch cutting, brazing or grit blasting? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Will MSDSs be submitted for all potentially hazardous chemicals and solvents? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will emergency eyewashes and showers be available to employees as necessary? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will ventilation requirements be reviewed to preclude exposure to employees? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are all paints in compliance with VOC limits established by the air district? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will an LLNL environmental analyst evaluate all grit blasting waste before disposal? Yes \_\_\_ No \_\_\_ N/A \_\_\_

[Examples of this work include operations involving cleaning solvents, adhesives, paints, binders; e.g., solvent recycling services, oil pumpout and recycling services, diesel fuel filtration services, emergency hazardous waste removal/ decontamination services, storage tank clean-out services, countertop installation (epoxies), portable toilet services, and flooring.]

**Silica Dust**

Will work involve jackhammering, rotohammering, drilling, grinding, or another disturbance of concrete that might create silica dust? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include installations, pavement/concrete grading and paving, and concrete sawing and removal services.)

**Noise**

Will employees be exposed to high noise levels on this job? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Does the subcontractor have a written hearing conservation program? Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include installations and heavy equipment operation.)

**Heat Stress**

If heat stress is an issue, will heat stress monitoring be routinely performed in accordance with the ACGIH TLVs?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Will a rest area be provided in a cooler environment (e.g., utilizing shade, fans, or air conditioning)?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will the subcontractor provide liquid replenishment at the job site?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will a work/rest regimen be enforced?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Has training on recognizing the signs and symptoms of heat stress and heat stroke been provided to workers and supervisors?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Radiation and Laser Safety**

Will radioactive material/sources be used onsite?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Will radiation-producing equipment be used onsite?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Will special radiation dosimetry be required (other than normal LLNL-issued dosimeters)?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will an LLNL Radiation Work Permit for Visitors be required?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will class 3 or 4 lasers be used, repaired, or calibrated onsite?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will the use of alignment lasers be necessary to perform work?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include radiography services and equipment/surface alignment services.)

**Environmental Compliance**

Will a 10-day notification to the local air district be required?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will all gasoline- or diesel-powered portable electrical generators be rated below 250 horsepower?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will an LLNL environmental analyst evaluate all excess equipment and debris waste to determine proper disposal?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will adequate measures be taken to prevent discharge of hazardous and regulated materials to the environment?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will equipment and vehicles be inspected daily for leaks of fuel, engine coolant, and hydraulic fluid?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Storm Water Pollution Prevention Plan (SWPPP)**

Will all work be performed in compliance with the LLNL SWPPP?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will a project-specific SWPPP be submitted to the LLNL ES&H Team for review?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will all concrete mixing, concrete cutting, and equipment-rinsing wastewaters be discharged to a low area or into a constructed basin for dewatering?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

(Examples of this work include concrete sawing and removal and hosing down equipment/work surfaces during cleanup.)

**Additional Concerns**

Does the subcontractor recognize any other potential ES&H concerns that could be associated with this work?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

If yes, describe:

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Describe mitigation measures:

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**TIP List completed by:**

Subcontractor's signature

Date

Title/Firm

Phone

**Subcontractor's designated person responsible for onsite environment, safety, and health:**

Name

Title

Firm

Phone